



# Arkansas Department of Health

4815 West Markham Street, Slot 46 • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2171

## SERVICE AREA APPROVAL

(PLEASE PRINT)

**SERVICE AREA NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

*STREET*

*CITY*

*STATE*

*ZIP*

**THE ESTABLISHMENT LISTED BELOW HAS PERMISSION TO USE MY FACILITIES:**

**ESTABLISHMENT NAME**

**OWNER NAME**

\_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

The following services may be performed at my service area by the above units:

- Have access to facility at all times
- Have limited access to facility. If yes, access hours are:
- Have access to inside preparation facilities
- Store unit
- Wash out unit
- Wash, rinse, sanitize all food contact surfaces
- Fill with fresh water
- Dispose of waste water
- Store excess product
- Store product requiring refrigeration

SERVICE AREA OWNER'S SIGNATURE

\_\_\_\_\_  
(Must be notarized)

\_\_\_\_\_  
(Owner's Printed Name)

STATE OF ARKANSAS

COUNTY OF



Subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public